

**MINUTES OF THE MEETING OF THE
INTERNAL OPERATIONS COMMITTEE OF THE
HEALTH SERVICES COUNCIL**

DATE: 15 February 2007 TIME: 2:30 PM

LOCATION: Health Policy Forum

ATTENDANCE:

Committee: Victoria Almeida, Esq. (Chair), Raymond C. Coia, Esq., Catherine E. Graziano, R.N, PhD, Robert J. Quigley, DC, Thomas Madden, Esq., Larry Ross and Reverend David Shire.

Staff: Valentina Adamova, Michael K. Dexter, Joseph G. Miller

Public: Attached

1. Call to Order, Conflict of Interest Forms and Time Extension for the Minutes Availability

The meeting was called to order at 2:00 PM. Ms. Almeida noted that Dr. Quigley had appointed her as Chair of this subcommittee of the Health Services Council. The Chair noted that conflict of interest forms are available to any member who may have a conflict. The

Chair requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of seven in favor and none opposed (7-0) that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor of the motion were: Almeida, Coia, Graziano, Madden, Quigley, Ross and Reverend David Shire.

2. General Order of Business

The first item on the agenda was a review of the certificate of need (CON), change in effective control (CEC) and initial licensure (IL) application forms. The IOC noted the voluminous size of the CEC application and focused on determining those documents that need to be distributed to the Project Review Committees and those documents that would be filed with the Office of Health Systems Development but not routinely distributed to the PRC. After discussion, the IOC recommended the following:

1. Executive Summary. Each application contain a detailed summary of all the pertinent information including an identification of all parties; a description of the applicant and it's licensure track record, if any; the type of transaction proposed including description of the transaction; and relevant costs.

2. Index of Documents. Each application contains an index of all

documents with a one-sentence description of each indexed document.

3. Lease. The facility lease need not be distributed to the PRC; however, the applicant shall file a “Memorandum of Lease” to be distributed to the PRC.

4. Transfer Document. This document (e.g., purchase and sales agreement, affiliation agreement, etc.) is often lengthy and is required to be filed by the applicant to demonstrate that both parties are bound legally to implement the project, if approved. The applicant shall describe the transaction in detail in the Executive Summary and the transfer document itself shall not be distributed to the PRC.

5. List of Facilities. The full list of healthcare facilities owned and/or operated by the applicant or its affiliates that includes name of facility, address, type of facility, Medicare/Medicaid certification numbers and state license numbers shall not be distributed to the PRC. The applicant shall provide a summary of its facilities by state and type of facility to be distributed to the PRC. If the applicant owns/operates facilities in Massachusetts and Connecticut, the applicant shall include in its summary all of the information for those facilities.

6. SEC form 10K. The entire filing will not be distributed to the PRC. The applicant shall identify the electronic Internet link and staff will

copy relevant sections pertaining to description of the business and governmental regulations and distribute to the PRC.

7. Quality Assurance. The applicant shall summarize its quality assurance program. The full quality assurance procedures and protocols shall be filed but not be distributed to the PRC.

8. Organizational Documents. The applicant shall describe the organizational structure of the applicant and its affiliates in the Executive Summary. Specific by-laws, articles of incorporation, charters, partnership certificates and agreements, operating agreements and articles of organization shall not be distributed to the PRC.

The IOC further recommended that applicants will be required to file five (5) full applications and 20 abridged applications following the instructions as outlined above. Any member may access a copy of the full application. Copies of the full application will be available to members during the PRC meetings. Any member, upon notification to staff, may receive full (not abridged) applications as a matter of course. The IOC recommended that these recommendations be provided to David R. Gifford, MD, MPH, Director of Health and Christopher Koller, Health Insurance Commissioner for comments.

3. Adjournment

The next meeting was scheduled for Thursday, 22 February 2007 at 1:30 PM. There being no further business the meeting was adjourned at 2:45 PM.

Respectfully submitted,

Michael K. Dexter